



FILED
IN CLERKS OFFICE

Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

2006 JUN 13 A 9:28

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CA No. 04-10345-NMG U.S. DISTRICT COURT DISTRICT OF MASS.	
DEFENDANT MOHAMMED ABDUL AZIZ QURAISHI		TYPE OF PROCESS Preliminary Order of Forfeiture	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize: Bruce Berns, Esquire, as counsel for Bank of America		
	Address (Street or RFD / Apt. # / City, State, and Zip Code): Abend, Roth, Berns & Warner LLC, 47 Church Street, Suite 301, Wellesley, MA 02482.		
Send NOTICE OF SERVICE copy to Requester: KRISTINA E. BARCLAY, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.)			
Please serve the attached Preliminary Order of Forfeiture upon the above-referenced individual by certified mail, return receipt requested. KAB x3294			
Signature of Attorney or other Originator requesting service on behalf of		[X] Plaintiff [] Defendant	Telephone No. (617) 748-3100
SIGNATURE OF PERSON ACCEPTING PROCESS:		Date March 16, 2006	
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:
I hereby Certify and Return That I [] PERSONALLY SERVED, [] HAVE LEGAL EVIDENCE OF SERVICE, [] HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
[] I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		[] A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service [] AM [] PM
Please See Remarks Below			
Signature, Title and Treasury Agency Stephen P. Leonard, Forfeitures Officer U.S. Customs and Border Protection			
REMARKS: Preliminary Order served as directed above by certified mail number 7001 2510 0003 4299 9301. Copy attached showing receipt on 6/2/06. (Copy of Postal receipt attached.)			

RETURN TO COURT FOR CASE FILE LEAVE AT PLACE OF SERVICE FILE COPY

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

9301 4299 0003 2510 0001 7001

CERTIFIED MAIL	
BOSTON, MASSACHUSETTS	
Postage	\$
Certified Fee	\$
Return Receipt Fee (Endorsement Required)	\$
Restricted Delivery Fee (Endorsement Required)	\$
Total Postage & Fees	\$

Sent To **Bruce Berns, Esq.**
Abend, Roth, Berns & Warner LLC
Street, Apt. No. _____
or PO Box No. **47** Church ST. Suite 301
City, State, Zip **Wellesley, MA 02482**

PS Form 3800, January 2001

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Bruce Berns Esq.
Counsel for Bank of America
Abend, Roth, Berns & Warner LLC
47 Church St., Suite 301
Wellesley, MA 02482

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *B. Berns*

Agent
 Addressee

B. Received by (Printed Name)

B. Berns

C. Date of Delivery

6/2/06

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

7001 2510 0003 4299 9301

(Transfer from service _____)

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-0381